09/99754/ PTOTSB05 (08-03) oved for use through 7/31/2006, OMB 0651-0032 are Office; U.S. OEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875											
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	MADMEE	- HAMBERFAED		MANGER EXTRA		RATE	fEE		RATE	FEE
(37 C	C FEE FA 1.16(2)							s	COR		s
701/ 127 C	M CLARIS FR 1,18(c)		mirus 20 s				x \$ •		OR	x 3	
DADE	PENDENT CLAIMS FR 1.18(6))		minus 3 = ·				x 5•		OR	x 5	
MULTIPLE DEPENDENT CLASS PRESENT (37 CFR 1,16(d))							+5=		OR	+5	
" if the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
2	JJ-US		SMALL I	ENTITY	OR		R THAN ENTITY				
A		(Column 1) CLAIMS REMAINING		HIGHEST HUNBER	(Column 3)		RATE	ADDI]	RATE	ADDI
ENT		AFTER AMENDMENT		REVIOUSLY PAID FOR	EXTRA			TIOHAL FEE	/		FEE
AMENDMENT	Total (3) CFR 1,4Q(d) Independent	/0	Minus '	20,	\perp		x 3		OR.	x 5	
ME	Ch CLE F ADS	3	Minus "	3	<u>'</u>		K 8	—	OR	z 3	/
۷	FORST PRESENTA	tion of Matpu	OEFENOEN	CAR BIO	R 1.14(4)		+1 .		OR_	+1	
						٠	TOTAL ADD'L FEE	$\bot \angle$	OR '	TOTAL ADD'L FEE	<u> </u>
		(Cotume 1)		(Catumn 2)	(Cotumn 3)		·				
NT B	8/22/2	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT "EXTRA"	۱.	RATE	ADDI- TIONAL		RATE	ADOI- TIONAL
Ĭ.	Total	10	Minus -	20	. 6	ŀ	×5•		OR.	× 5	
AMENDMENT	Independent (37 CFR L1600)	3	Minus"	3	0].	Z 5		OR	× 9	
₹	FRIST PRESENTATION OF MULTIPLE DEPENDENT CLASM (37 OFR 1.14(4))						•		OR	٠,٠	
[]	9,70,11						TOTAL ADO'L FEE	<u>.</u>	OR	ADD'L FEE	
1	41NV/	(Column 1)		(Column 2)	(Course 3)		1	•	_		
2 2	3/3/7/	CLAIMS REMAINING AFTER		HIGHEST HUMBER PREVIOUSLY	PRESENT EXTRA		PATE	ADD+ TIONAL		RATE	ADOI- TIONAL FEE
MER	Tolal Code. (POC)	AMENOMENT	Minus	PAIDFOR	-	1		FEE	(پي	<u> </u>	FEE
AMENDMENT	Independent (37 CFR 1,4GHD	(3	Minus	(2)	•-	1	#-9		OR		
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASS. (27 CFR 1.45(4))						+1		OR	+ 3 .	
Г									osi .	TOTAL . ADD'L FEE	
* if the entry in column 1 is less than the entry in column 2, write "O" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "30". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "3".											
1	nan afficant								ate par in		

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is assimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the including the complete of the complete application form to the USPTO. Time will vary depending upon the includual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Comments, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Comments stoner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

d you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.